

**CIVIL COMPLAINT FORM TO BE USED BY A PRO SE PRISONER**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Justin M SPECE FB8536

Full Name of Plaintiff

Inmate Number

Civil No. 1:21cv511

(to be filled in by the Clerk's Office)

BOY SCOUTS of America  
Bellevue, PA

Name of Defendant 1

☐ Demand for Jury Trial

☐ No Jury Trial Demand

Name of Defendant 2

**FILED  
SCRANTON**

MAR 22 2021

Name of Defendant 3

PER

Amo  
DEPUTY CLERK

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

**I. NATURE OF COMPLAINT**

Indicate below the federal legal basis for your claim, if known.

☐ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)

☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)

☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

SPECE, Justin M

Name (Last, First, MI)

FB8536

Inmate Number

SCI Huntingdon

Place of Confinement

1100 Pike Street

Address

Huntingdon, PA 16654-1112

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Boy Scouts of America

Name (Last, First)

unknown

Current Job Title

unknown

Current Work Address

unknown

City, County, State, Zip Code

Defendant 2:

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Name (Last, First)

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Current Job Title

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Current Work Address

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City, County, State, Zip Code

Defendant 3:

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Name (Last, First)

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Current Job Title

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Current Work Address

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City, County, State, Zip Code

Defendant 4:

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Name (Last, First)

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Current Job Title

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Current Work Address

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City, County, State, Zip Code

Defendant 5:

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Name (Last, First)

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Current Job Title

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Current Work Address

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City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

Between 1990 to 1992  
at one of their camp grounds

B. On what date did the events giving rise to your claim(s) occur?

Unclear of EXACT Dates

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was part of Pack 319. It was during the summer of 1990 to 1992 I was inappropriately touch by one of my Pack Leaders. I was being ~~grab~~ groped on my thighs. I was told this is normal for adults to do this. He told me If I told anybody would believe me. He was an outstanding person. It was this situation I molested two little girls. I was sent to St. Michael's and AYS long term stays when I was 13 and 17 year old

#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1 Because of COVID-19 This lawsuit is 197e  
The Plaintiff wrote Three Letters to lawyers  
got one response, which They denied to take,  
got two unanswered letters. The Plaintiff did not  
have Access to Jailhouse lawyers or lawyers  
to file this lawsuit timely.

2 The Plaintiff was a victim of grooming  
scandal by one of my pack leaders

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

wanted to kill myself, mentally broke down  
was placed in mental hospital care to in part of  
this

#### VI. RELIEF

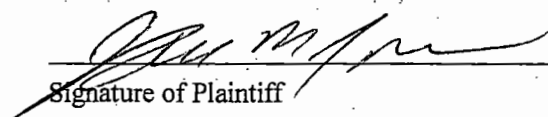
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

money damages

## VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

  
\_\_\_\_\_  
Signature of Plaintiff

3-14-21  
\_\_\_\_\_  
Date



U.S. POSTAGE» PITNEY BOWES  
ZIP 16652 \$ 001.40<sup>0</sup>  
02 4W  
0000372161 MAR 18 2021

ST. Huntington Case 1  
J456in msPECE  
FB8536  
PO Box 33028  
ST. Petersburg, FL

MAR 22 2021

PER                       
DEPUTY CLERK

Office of the Clerk  
United States District Court  
Middle District of Pennsylvania  
William J Nealon Bldg. EUS Courthouse  
235 North Washington Avenue  
PO Box 1148  
Scranton, PA 18501-1148

Legal  
mail

